

<b>Issue Classification</b>		Application No.	Applicant(s)
		09/925,620	MIEKKA ET AL.
		Examiner	Art Unit
		Leigh McKane	1744

ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
422	22	435	2
INTERNATIONAL CLASSIFICATION			
A	6	I	L 2108
A	0	I	N 1102
			/
			/
			/
(Assistant Examiner) (Date)		E. Leigh McKane	
91 1/3/05		ELIZABETH MCKANE	
(Legal Instruments Examiner) (Date)		PRIMARY EXAMINER	
		(Primary Examiner)	
		1/3/05	(Date)
		O.G. Print Claim(s)	O.G. Print Fig.
		37	None
Total Claims Allowed: 70			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	31	61	91	121	151	181
2	2	32	62	92	122	152	182
3	3	33	63	93	123	153	183
4	4	34	64	94	124	154	184
5	5	35	65	95	125	155	185
6	6	36	66	96	126	156	186
7	7	37	67	97	127	157	187
8	8	38	68	98	128	158	188
9	9	39	69	99	129	159	189
10	10	40	70	100	130	160	190
11	11	41	71	101	131	161	191
12	12	42	72	102	132	162	192
13	13	43	73	103	133	163	193
14	14	44	74	104	134	164	194
15	15	45	75	105	135	165	195
16	16	46	76	106	136	166	196
17	17	47	77	107	137	167	197
18	18	48	78	108	138	168	198
19	19	49	79	109	139	169	199
20	20	50	80	110	140	170	200
21	21	51	81	111	141	171	201
22	22	52	82	112	142	172	202
23	23	53	83	113	143	173	203
24	24	54	84	114	144	174	204
25	25	55	85	115	145	175	205
26	26	56	86	116	146	176	206
27	27	57	87	117	147	177	207
28	28	58	88	118	148	178	208
29	29	59	89	119	149	179	209
30	30	60	90	120	150	180	210

<b>Issue Classification</b> 		Application No.		Applicant(s)	
		09/925,620		MIEKKA ET AL.	
		Examiner		Art Unit	
		Leigh McKane		1744	

ORIGINAL		CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		
422	22	435	2		
INTERNATIONAL CLASSIFICATION					
A	61	L	2108		
A	01	N	1102		
			/		
			/		
			/		
(Assistant Examiner) (Date)		<i>E. Leigh McKane</i> ELIZABETH MCKANE PRIMARY EXAMINER		Total Claims Allowed: 70	
(Legal Instruments Examiner) (Date)		(Primary Examiner) (Date)		O.G. Print Claim(s)	O.G. Print Fig.
		1/3/05		37	None

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
4	211		241	50	271		361
5	212		242	51	272		362
6	213		243	52	273		363
7	214		244	53	274		364
8	215		245	56	275		365
24	216		246	54	276		366
25	217		247	55	277		367
26	218		248	57	278		368
27	219		249	38	279		369
28	220		250	39	280		370
29	221		251	40	281		371
30	222		252	41	282		372
31	223		253	42	283		373
32	224		254	43	284		374
33	225		255	44	285		375
34	226		256	58	286		376
35	227		257	59	287		377
36	228		258	60	288		378
219			259	61	289		379
230			260	62	290		380
231			261	63	291		381
232			262	64	292		382
233			263	65	293		383
234			3	66	294		384
235			37 (265)	67	295		385
236			45 (266)	68	296		386
237			46	69	297		387
238			47	70	298		388
239			48	269	299		389
240			49	270	300		390